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Carolyn Sampson

2010 JUL 30 AM 10:54

Eagan, MN 55122

OFFICE OF GENERAL
COUNSEL

Office of General Counsel
Federal Election Commission
999 E Street, N.W., Washington, D.C. 20463.

MUR # 6338

July 28, 2010

To whom it may concern,

I have compared Minnesota Second Congressional Candidate Dan Powers' Personal Financial Disclosure Statement with the three quarterly FEC reports his campaign committee has filed during this Election cycle and cannot reconcile the candidate's personal assets with loans he claims to have made to the campaign.

There is no proof that Mr. Powers loaned this money from his personal funds. If, in fact, he did borrow this money against Certificates of Deposit as he claimed in a recent newspaper article, it is my understanding that he would be required to record this money as a loan with interest and repayment terms disclosed. There are no Certificates of Deposit listed on his Personal Financial Disclosure. Mr. Powers also listed Sela Roofing as his employer in 2008 but did not disclose the total income he received from them from June 28, 2008 through his admitted layoff in December 2008.

Further, his quarterly FEC Reports appear to be missing a number of customary campaign expenses such as telephone, office utilities, post office box fees, postage and office supplies. Additionally, there is no payment reported to the state party for access to the Voter Activation Network (VAN) database, which is supposed to cost \$5,000 per Congressional candidate. Mr. Powers obviously had access to the VAN for many months because he was sending e-mail messages through its system.

In addition, "Dan Powers for Congress" was listed in the program as a sponsor of the annual Minnesota DFL Hubert H. Humphrey fundraising dinner, an opportunity listed at a \$500 seat. His committee recorded no expense for that. They also did not record cost of two tickets to the dinner at \$125 each (for the candidate himself and his campaign manager). Further, the candidate marched in many parades in our district but recorded the parade fee for only one of them.

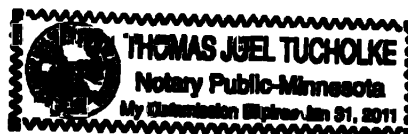
In advance of the imminent August 10 Primary, I am requesting that this matter be investigated immediately so that the public may know the truth before voting.

Respectfully,

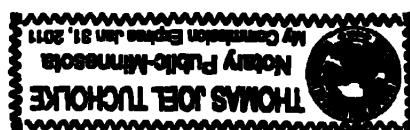
Carolyn Sampson

Carolyn Sampson

Eagan, MN 55122



State of Minnesota County of Dakota
Subscribed and sworn before me on July 29, 2010
[Signature]
(Notary Signature)



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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

Period covered: January 1, 2007 - June 29, 2010

FORM 6
 For use by candidates and new employees

POSTMARK
ILLEGIBLE

Name: Daniel Keith Powers Daytime Telephone: 412-494-2650

JUN 29 - 9 12:11:34

(Please Use Only)

Filer's Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>PA</u>	Date of Birth: <u>11/2/1962</u>	Check if Amendment	A gross penalty shall be assessed against anybody who files more than 30 days late.
	<input type="checkbox"/> Not a candidate or employee	Employing Office: _____			

In all questions, please type or print clearly in block ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

1. Did you or your spouse have "unearned" income (e.g., interest or dividends) or any other income in the reporting period? If yes, complete and attach Schedule 1.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. Did you have any reportable positions as or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule 1.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. Did you, your spouse, or a dependent child receive "unearned" income of more than \$1,000 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule 1.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4. Did you have any reportable expenses or employment in the reporting period? If yes, complete and attach Schedule 1.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5. Did you, your spouse, or a dependent child have any reportable liability (more than \$1,000 during the reporting period) at the end of the period? If yes, complete and attach Schedule 1.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6. Did you receive compensation of more than \$1,000 from a single source in the two prior years? If yes, complete and attach Schedule 1.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Did you regarding "Qualified Blind Trust" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child (see instructions, page 6)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXCLUDED—Have you excluded from this report any other assets, "unearned" income, investments, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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THE

Company	XYZ Corporation, Houston, Texas	Salary	Rate	Amount
XYZ Corp. & Trust, Houston, Texas	Director's Fee	1440	\$1,440	
XYZ Trust Association, Chicago, Ill. (XYZ Director 2)	Boardman	1	\$1,000	
XYZ Trust, New York, New York	Director's Salary	NA	NA	
Real Life				
Unemployment MN				\$28,000

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— David Powers

[illegible]

11044291976

SCHEDULE III - LIABILITIES

Name

Daniel Powers

Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			A	B	C	D	E	F	G	H	I	J	K
	Example: First Bank of Wilmington, Delaware												
JT	Wells Fargo	Mortgage 11300 17th Ave S Burnsville, MN					X						
	Wings Financial	loan		X									
	Mt. T. Bank	Personal loan			X								

SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
Owner	Dan Powers Roofing and Remodeling
Owner	Sunlight Industries
Employee	Sola Roofing

Use additional sheets if more space is required.

SCHEDULE V--AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or change of payments by a former or current employer other than the U.S. Government or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Name: Daniel Powers Page 6 of 6

SCHEDULE VI--COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Sela. Reed/Sy/1000 N. Main St. MA	Sales / Production Manager